

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4						
5						
6						
7						
8						
9			1			
10			1			
11			1			
12			1			
13			1			
14	2		1			
15			1			
16			1			
17			1			
18	8		3			
19	8		3			
20	1					
21	1					
22	1					
23	1					
24						
25						
26	3					
27	3					
28	8		3			
29	8		3			
30	8					
31	0					
32			3			
33						
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46						
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						